DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 0 0 — 0 4 4

2. STATE: Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2000

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 447.250

7. FEDERAL BUDGET IMPACT:
a. FFY 2000 $ 2105.92
b. FFY 2001 $ 8512.20

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19-D, Page 17

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
SAME (TN 00-24) Pending

10. SUBJECT OF AMENDMENT: The purpose of this amendment is to restore the seven percent (7%) reduction previously made in the Medicaid prospective per diem rate for private intermediate care facilities for the mentally retarded (ICF/MR).

11. GOVERNOR'S REVIEW *(Check One)*:

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED: The Governor does not review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:
David W Hood

13. TYPED NAME: David W. Hood

14. TITLE: Secretary

15. DATE SUBMITTED: September 25, 2000

16. RETURN TO:
State of Louisiana
Department of Health and Hospitals
1201 Capitol Access Road
P.O. Box 91030
Baton Rouge, LA 70821-9030

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 09-29-00

18. DATE APPROVED: JUNE 6, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: JULY 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:
Sandra Hall

21. TYPED NAME: for CALVIN G. CLINE

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR
DIV OF MEDICAID AND STATE OPERATIONS

23. REMARKS:

FORM HCFA-179 (07-92)

Instructions on Back

Separate costs into fixed costs and non-fixed costs categories.

Apply inflation as outlined in C.1.(a)and(b) to non-fixed costs from the cost report period for the effective date of the rate change.

Add fixed costs to inflated non-fixed costs to determine the base rates.

Add 5% ROI to determine new rates.

For those levels of care with no providers, 8% from the next highest LOC amount will be used to determine a per diem rate.

Adjustments shall be made to rates by CAP/LOC for particular items of costs that have increased beyond the amount that normal inflation has been able to compensate.

Adjustments shall be made to rates by CAP/LOC for material changes in occupancy levels, but not below 80%.

These type adjustments shall be determined based on the aggregate for each CAP/LOC grouping. Adjustments that are not indicative to all CAP/LOC groupings shall be made only to the affected CAP/LOC.

During non-rebasing years, the current rates will be inflated as outlined in C. 1.(a) and (b) to non-fixed costs for the effective date of the rate change. Application of the inflationary adjustment shall apply only in years when the state legislature allocates funds for this purpose. The inflationary adjustment shall be made by applying the inflation factor applicable to the current fiscal year to the most recently paid non-fixed costs.

The Bureau of Health Services Financing will review rates annually to determine the need for rebasing rates. The rates shall be rebased when there is at least a 5% difference in comparing the total payments to facilities and the overall audited and/or desk reviewed cost of the same rate year.

10. Level of Care Appeals

Level of care determinations may be appealed by providers utilizing the same appeal process afforded to other long term care providers by the Bureau.

SUPERSEDES: TN - 00-24

STATE Louisiana
DATE REC'D 9-29-00
DATE APPV'D 6-6-01
DATE EFF 7-1-00
HCFA 179 TN 00-44

A